



**DEPARTMENT OF THE NAVY**

**NAVY PERSONNEL COMMAND  
5720 INTEGRITY DRIVE  
MILLINGTON TN 38055-0000**

5720

PERS 00J6/20160598

August 26, 2016

Ms. Mary Schantag  
POW Network  
102 Vixen Circle  
Unit C  
Branson, MO 65616

Dear Ms. Schantag:

SUBJECT: YOUR FREEDOM OF INFORMATION ACT (FOIA) REQUEST

This is in response to your Freedom of Information Act (FOIA) request in which you seek a releasable copy of the U.S. Navy Official Military Personnel File (OMPF) documentation pertaining to Daniel Julson. Your request was received in this office on August 26, 2016, has been assigned FOIA case file number CNPC20160598 by this command.

A releasable copy of available responsive documentation is enclosed. The redacted portions of the released documentation is exempt from disclosure under FOIA exemption 6 [5 U.S.C. § 552(b)(6)]. Release of such information would be a clearly unwarranted invasion of the personal privacy of Daniel Julson and other identified individuals.

Because your request may potentially be considered a partially denied by this command, you are advised of your right to appeal this determination in writing to the Office of the Judge Advocate General, OJAG Code 14, 1322 Patterson Avenue SE Suite 3000, Washington Navy Yard, DC 20374-5066.

If an appeal is deemed necessary, it must be received in that office within 90 calendar days from the date of this letter, in order to be considered. To expedite an appeal, you should enclose a copy of this letter and a copy of the original request along with a statement regarding why your appeal should be granted. The letter of appeal and the envelope should bear the notation, "FOIA/PA APPEAL."

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I am the official responsible for the partial denial of your request. Should you wish to discuss the processing of your request by this command, you may contact the undersigned at (901) 874-3165.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. P. German', with a long horizontal flourish extending to the right.

D. P. GERMAN  
FOIA/PA Officer  
By direction

CAUTION: NOT TO BE USED FOR  
IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.

ORIGINAL

ANY ALTERATIONS IN SHADED  
AREAS RENDER FORM VOID

# CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) JULSON, DANIEL CHRISTOPHER		2. DEPARTMENT, COMPONENT AND BRANCH NAVY-USN		3. SOCIAL SECURITY NUMBER																																					
4.a. GRADE, RATE OR RANK HM	4.b. PAY GRADE E-3	5. DATE OF BIRTH (YYMMDD) [REDACTED]		6. RESERVE OBLIG TERM DATE Year 05 Month 12 Day 08																																					
7.a. PLACE OF ENTRY INTO ACTIVE DUTY CA		7.b. HOME OF RECORD AT TIME OF ENTRY (City and address if known) CA Year [REDACTED]																																							
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND NAVAL MEDICAL CENTER DEP MED DET SAN DIEGO, CA		8.b. STATION WHERE SEPARATED NAVAL MEDICAL CENTER SAN DIEGO, CA																																							
9. COMMAND TO WHICH TRANSFERRED NAVAL RESERVE PERSONNEL CENTER, NEW ORLEANS, LA 70149																																									
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) HM - 0000		12. RECORD OF SERVICE																																							
		<table border="1"><thead><tr><th></th><th>Years</th><th>Month(s)</th><th>Day(s)</th></tr></thead><tbody><tr><td>a. Date Entered AD This Period</td><td>94</td><td>FEB</td><td>08</td></tr><tr><td>b. Separation Date This Period</td><td>02</td><td>DEC</td><td>09</td></tr><tr><td>c. Net Active Service This Period</td><td>08</td><td>10</td><td>10</td></tr><tr><td>d. Total Prior Active Service</td><td>00</td><td>00</td><td>00</td></tr><tr><td>e. Total Prior Inactive Service</td><td>00</td><td>00</td><td>00</td></tr><tr><td>f. Foreign Service</td><td>00</td><td>00</td><td>00</td></tr><tr><td>g. Sea Service</td><td>00</td><td>00</td><td>25</td></tr><tr><td>h. Effective Date of Pay Grade</td><td>01</td><td>MAR</td><td>06</td></tr></tbody></table>					Years	Month(s)	Day(s)	a. Date Entered AD This Period	94	FEB	08	b. Separation Date This Period	02	DEC	09	c. Net Active Service This Period	08	10	10	d. Total Prior Active Service	00	00	00	e. Total Prior Inactive Service	00	00	00	f. Foreign Service	00	00	00	g. Sea Service	00	00	25	h. Effective Date of Pay Grade	01	MAR	06
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g. Sea Service	00	00	25																																						
h. Effective Date of Pay Grade	01	MAR	06																																						
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE SERVICE MEDAL (2ND AWARD), RIFLE EXPERT SHOOTER MEDAL, PISTOL EXPERT MARKSMAN PISTOL, SEA SERVICE DEPLOYMENT RIBBON, GOOD CONDUCT MEDAL (2ND PERIOD ENDING 00DEC07), RIFLE XP																																									
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) HOSPITAL CORPS BASIC "A" SCHOOL, 14 WKS, JUL 94; SPECIAL OPERATIONS TECHNICIAN "C" SCHOOL, 25 WKS, JUL 98.																																									
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT		16. DAYS ACCRUED LEAVE PAID																																					
Yes No		Yes No		[REDACTED]																																					
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION																																									
18. REMARKS THE INFORMATION CONTAINED HEREIN IS SUBJECT TO COMPUTER MATCHING WITH THE DEPARTMENT OF DEFENSE OR WITH OTHER AFFECTED FEDERAL OR NON-FEDERAL AGENCY FOR VERIFICATION PURPOSES AND TO DETERMINE ELIGIBILITY FOR, AND/OR CONTINUED COMPLIANCE WITH, THE REQUIREMENTS OF A FEDERAL BENEFIT PROGRAM. *SUBJECT TO ACTIVE DUTY RECALL AND/OR ANNUAL SCREENING* *EXAMINATION COMPLETED, MEMBER'S FINAL MULTIPLE SCORE AND DATE OF EXAMINATION: E.G., [REDACTED]* 68555-02-0841-DGP SEP02																																									
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)			19.b. NEAREST RELATIVE (Name and address - Include Zip Code)																																						
[REDACTED]			[REDACTED]																																						
20. MEMBER REQUESTS COPY 6 BE SENT TO [REDACTED]			[REDACTED]																																						
21. ADDITIONAL INFORMATION RELACD 6 TRANSFERRED TO NAVAL RESERVE			24. CHARACTER OF SERVICE (Include upgrades)																																						
22. SEPARATION AUTHORITY [REDACTED]			25. SEPARATION CODE [REDACTED]		27. REENTRY CODE [REDACTED]																																				
[REDACTED]			30. MEMBER'S INITIALS [REDACTED]																																						

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## 10

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NAME (Last, first, middle initial)  
JULSON, DANIEL CHRISTOPHER

**SOCIAL SECURITY NUMBER**

NAME	SSN	DOB	POB	EDUCATION	TRAINING	EXPERIENCE	REMARKS
1	1	1	1	1	1	1	1
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